

Goal E: Coordinated Health System

Objective: 01 Develop information and improve access to information

Outcome: 01 Percentage of data and information request satisfied with standard reports

Short Definition: This measurement indicates the percentage of completed data and information requests that were satisfied with standard reports rather than raw data or technical assistance, and reflects the value of certain data management activities for policy and programmatic purposes.

Purpose/Importance: Information which supports policy and program development activities is the focus of this outcome measurement.

Source/Collection of Data: Standard reports are defined as reports/analyses produced using additional statistical tabulations and/or graphical interpretations of raw data. Examples include the annual vital statistics report, the hospital utilization report, Texas Health Facts, and health status indicator reports. Raw data consists of information recorded on survey forms, program reporting forms, and data files for which no tabulations have been performed. Technical assistance examples include referrals to web sites or other sources, provision of information on shortage area designations, and clarification of legislative reporting requirements. Data are compiled by OPP and BVS from data request forms.

Method of Calculation: Each program area reports its figures to the TDH Budget and Revenue Division, which uses the following calculation to arrive at the percentage: Total number of data and information requests satisfied with standard reports and analyses divided by the total number of data and information requests.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No.

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 – 01

Outcome: 02 Percentage of requests for data on hospitals, hospital discharges, health maintenance organizations, or HEDIS reports that can be filled by standard reports

Short Definition: The percentage of requests for information about hospitals, hospital discharges, Health Maintenance Organizations, or HEDIS reports that can be filled by standard reports on hand at the Texas Health Care Information Council (THCIC).

Purpose/Importance: Measures the percent of requests for data/standard reports filled by the THCIC.

Source/Collection of Data: Electronic spreadsheet at that keeps tracks of requests and the filling of those requests.

Method of Calculation: The percentage is arrived at by using the number of requests satisfied with data/standard reports on hand divided by the total number of requests THCIC received by mail, telephone, e-mail or personal contact.

Data Limitations: None

Calculation Type: Non-cumulative

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 076 – R 05-01-01

Outcome: 03 Percentage of reports and products available on web sites

Short Definition: This measurement indicates the percentage of total reports and products produced during the state fiscal year that are made available on the web sites of the Office of Policy and Planning (OPP) and the Bureau of Vital Statistics (BVS) during the state fiscal year.

Purpose/Importance: It reflects activities undertaken to enhance timely access to information to facilitate decision making at the state, regional and local levels.

Source/Collection of Data: Data sources are the number of reports/products prepared by OPP and BVS and the number of reports/products made available on the programs' web sites. Reports refer to those reports/analyses produced using statistical tabulations and/or graphical tabulations of raw data. Examples include the annual vital statistics report, the hospital utilization report, Texas Health Facts, and health status indicator reports. Examples of products include data/file/listings, survey forms, rules/regulations, directories, plans, frequently asked questions, and other documents.

Method of Calculation: Each program area reports its figures to the TDH Budget and Revenue Division, which uses the following calculation to arrive at the percentage: Total number of reports and products made available by OPP and BVS on their web sites during the state fiscal year divided by the total number of reports and products produced by these programs during the state fiscal year.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: Yes

Desired Performance. Higher than target

Cross Reference to Prior Biennium: None

Strategy: 05-01-01 Vital Statistics

Efficiency: 01 Average number of days to certify or verify records

Short Definition: The automated tracking system tracks all fee requests received and a monthly activity report is produced. The automated request processing system looks at all records with completion dates and calculates the total number of days from request date to completion date. Then it figures an average by adding up the total days and dividing that number by the total number of requests selected.

Purpose/Importance: The automated tracking system tracks all fee requests received and a monthly activity report is produced.

Source/Collection of Data: Monthly activity report

Method of Calculation: The average number of days is calculated by taking total days divided by the number of records completed.

Data Limitations: None

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 01 EF 01

Output: 01 Number of records filed

Short Definition: The number of records filed is defined as the actual number of birth, death, fetal death, marriage, SAPCR (suits affecting parent-child relationships), and AOP (Acknowledgement of Paternity) records that are received and accepted for filing.

Purpose/Importance: Measures the number of records filed.

Source/Collection Of Data: Monthly activity report

Method of Calculation: Each type of record is sequentially numbered beginning with the first event each calendar year. The difference between the last number filed in a period and the last number from the previous period indicates the number of records filed.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 01 OP 01

Output: 02 Number of records issued or verified electronically

Short Definition: Electronics issuance and verification of birth and death records is becoming the norm for local offices, state and federal agencies. This electronic method of accessing the state's data bases is more efficient and timely than relying on paper records. The numbers reported under this measure would be a compilation of those monthly reports.

Purpose/Importance: This electronic method of accessing the state's data bases is more efficient and timely than relying on paper records.

Source/Collection Of Data: Software is provided to local city/county offices or federal/state agencies by contract with the Texas Department of Health to allow access to the system. This software counts the activity of each office for billing purposes and monthly reports are produced.

Method off Calculation: The numbers reported under this measure would be a compilation of those monthly reports.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 01 OP 02

Output: 03 Number of requests for records services completed

Short Definition: The Bureau of Vital Statistics receives hundreds of requests daily for birth, death, or marriage information that include certified copies, amendments to records, new records based upon paternity and adoption, and several other fee based services. The difference between the last number of record service request completed in a period and the last number from the previous period indicates the number of records and services completed.

Purpose/Importance: The Bureau of Vital Statistics receives hundreds of requests daily for birth, death, or marriage information that include certified copies, amendments to records, new records based upon paternity and adoption, and several other fee based services.

Source/Collection of Data: All requests are tracked in the automated request processing system. When a request is completed and marked as completed in the automated request processing tracking system, monthly reports are generated which reflect this activity.

Method of Calculation: The difference between the last number of record service request completed in a period and the last number from the previous period indicates the number of records and services completed.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 01 OP 03

Output: 04 Number of birth or death documents validated

Short Definition: Many inquiries are received monthly from state and federal law enforcement agencies asking the validity of vital documents. Additionally, internal investigations identify possible fraudulent documents which must be validated. Identifying this workload is a fair estimate of the primary activities in fraud prevention.

Purpose/Importance: This is a fraud prevention measure.

Source/Collection Of Data: The telephone or written inquiries as well as internal investigative workload are manually counted and summarized on a monthly activity report which is verified by the Division Director.

Method of Calculation: The telephone or written inquiries as well as internal investigative workload are manually counted and summarized on a monthly activity report which is verified by the Division Director.

Data Limitations: None

Calculation Method: Non-Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 01 OP 04

Strategy: 05-01-02 Health Data & Policy

Efficiency: 01 Average number of days to complete data and information requests

Short Definition: This measure tracks the average number of days required for the Office of Policy and Planning and the Bureau of Vital Statistics to complete data and information requests from their customers.

Purpose/Importance: This measure is important because it indicates the programs' responsiveness to customer service needs.

Source/Collection of Data: From the request log or data request form, the difference between the request date and the completion date is computed. Each program area counts the number of days required for each completed data or information request, sums them, and submits the total number of days to the TDH Budget Office.

Method of Calculation: The TDH Budget Office sums the total days reported by the program areas and divides that number by the output measure "Number of requests for data and information completed."

Data Limitations: None

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 02 EF 01

Output: 01 Number of requests for data and information completed

Short Definition: This measure tracks the number of requests for data and information completed by the Office of Policy and Planning (OPP) and the Bureau of Vital Statistics (BVS).

Purpose/Importance: This measure is important because it monitors workload and productivity in the programs of OPP and BVS and it monitors use of products by customers.

Source/Collection of Data: A log or data request form is kept for each request for data and information that is received which includes requests for special reports which may require special computer runs for output, standard reports which may require only extracting information from written or produced reports, and technical assistance.

Method of Calculation: The TDH Budget Office sums the individual program area totals to obtain the number of requests for data and information completed.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 02 OP 01

Strategy: 05-01-03 Health Care & Outcomes

Output: 01 Number of requests for data on hospitals, hospital discharges, health maintenance organizations, or HEDIS reports filled

Short Definition: The number of requests for information about hospitals, hospital discharges, Health Maintenance Organizations or HEDIS reports that are filled by the Texas Health Care Information Council (THCIC).

Purpose/Importance: Measures the number of requests for data on hospitals, hospital discharges, health maintenance organizations, or HEDIS reports filled.

Source/Collection of Data: Electronic spreadsheet that keeps track of requests and the filling of those requests.

Method of Calculation: The number of requests for information about hospitals, hospital discharges, Health Maintenance Organizations or HEDIS reports that are filled by the Texas Health Care Information Council (THCIC). Electronic spreadsheet that keeps track of requests and the filling of those requests.

Data Limitations: None

Calculation Method: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 01 - 03 OP 01

Objective: 02 Improve access to health services for all eligible clients

Outcome: 01 Trauma death rate

Short Definition: A trauma death is defined as death from an injury or wound caused by the application of external force or violence. Burns deaths are included; poisonings, drownings, and suffocations not caused by external force are excluded.

Purpose/Importance: Measure trauma death rate.

Source/Collection of Data: This definition encompasses the following ICD 10 categories: V01-W64, W85-X19, X30-X39, X50-X59, X60-Y36, Y40-Y84, and Y85-Y89. The rate will be gathered from death certificates through an automated system.

Method of Calculation: The death rate is computed by dividing the number of trauma deaths by 100,000.

Data Limitations: These reports will have an approximately two-year lag (e.g., in September 2000, we should be able to report for calendar year 1998).

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 – 01

Outcome: 02 Percentage of reported cases of TB that are treated appropriately

Short Definition: Cases of confirmed sensitive tuberculosis admitted for treatment. This definition excludes multi-drug resistant tuberculosis.

Purpose/Importance: Cases of confirmed sensitive tuberculosis admitted for treatment.

Source/Collection of Data: The hospitals have developed a “clinical pathway” for the treatment of sensitive tuberculosis, and will retrospectively audit all completed cases of tuberculosis against the established clinical pathway. Monthly accounting reports and Medical Records Department reports.

Method of Calculation: Outcomes will be reported as a percentage of the cases that are successfully treated in accordance with the pathway.

Reported cases of TB treated appropriately under clinical pathway (CP)

*Total discharges managed by CP

*Excluded: discharged against medical advice (AMA-D), deaths, resistant TB, TB diagnosis ruled out, discharge to directly observed therapy outpatient (DOT).

Data Limitations: None

Calculation Method: Non-Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 – 02

Outcome: 03 Percent change in burden of disease, disability and death index

Short Definition: The measure consists of the percent change in the value of a composite index to be known as the Burden of Disease, Disability & Death Index (BDI). The index is the total number of reported instances from a select set of preventable public health problems in a target population.

Purpose/Importance: As a composite measure, the BDI provides an indication of community health status reflective of activity from multiple program categories rather than from any single program category. If the health status of the community gets better, one would expect to see a decrease in the number of reported cases and, thus a negative value for the percent change in the value of the index from year to year. If the community's health status gets worse (or if more cases are reported due to improved reporting), then one would expect to see a rise in the number of cases and, thus a positive value for the percent change from year to year.

Source/Collection of Data:

Data for numerator

Diseases-Hepatitis A/Measles/Chlamydia/Salmonellosis/Gonorrhea/1° & 2° Syphilis/AIDS/TB

Epidemiology in TX Annual Report, Assoc. for Disease Control and Prev.

N. meningitidis meningitis

Special request, Infectious Disease Epi/Surveillance Div.

Traumatic brain injuries (TBI)

Special request, TBI Registry, Injury Prev. & Control Div. If patient dies from TBI, his death is subtracted from TBI and included in Accidental Death to eliminate double counting.

Deaths-Colorectal Cancer, Homicide, Suicide, Unintentional injury (Accidental Death)

TX Vital Stats Annual Report, Bureau of Vital Stats

Data for denominator

County pop. for calendar year

TX State Data Center, TX A&M Univ.

Method of Calculation:

Burden of Disease, Disability & Death Index (BDI):

BDI per 10,000 population: total incident cases and death occurrences in selected categories divided by total county population X 10,000

Examples:

BDI Year 1996: (149 incident cases and deaths/39,975 population) X 10,000 = 37.3 BDI per 10,000

BDI Year 1997: (146 incident cases and deaths/39,975 population) X 10,000 = 36.5 BDI per 10,000

Percent Change in BDI:

Data will be reported from the most recent completed calendar year and will be compared to data from the prior calendar year. Prior calendar year is the base year from which the change is calculated.

Example:

BDI year 1997 = 36.5

BDI year 1996 = 37.3

$(36.5-37.3)/37.3 = -0.08/37.3 = -0.02$

$-0.02 \times 100 = -2\%$ change

Note: A negative value for the percent change in the value of the index is due to a decrease in the number of cases reported in the most recent calendar year, 1997, compared to the prior calendar year, 1996.

Data Limitations: Legislative mandate for reportable diseases does not enjoy 100% compliance, thus data reliant on mandated reports to regional and state level offices likely underestimates actual numbers of cases. The Index is a composite measure to which the entire set of selected disorders contributes. The same set of preventable diseases, disabilities, and deaths must be used to allow valid comparisons within a single community year to year and between separate communities. The Index value can fluctuate from year to year, but trends in the numerical value of the index permit each community to assess the effectiveness of its service delivery system and its public health interventions.

Calculation Method: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 – 03

Strategy: 05-02-01 County Indigent Health

Efficiency: 01 Average State Expenditure Per County

Short Definition: The average state expenditure per county is the total County Indigent Health Care Program (CIHCP) expenditures divided by the number of counties receiving state matching funds.

Purpose/Importance: Measures the average state expenditure per county is the total County Indigent Health Care Program (CIHCP) expenditures divided by the number of counties receiving state matching funds.

Source/Collection of Data: TDH CIHCP expenditure data and records.

Method of Calculation: The total County Indigent Health Care Program (CIHCP) expenditures divided by the number of counties receiving state matching funds.

Data Limitations: No computation will be done if no counties become eligible to receive state matching funds.

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 01 EF 01

Output: 01 Counties Receiving State Matching Funds

Short Definition: This measure reports the actual number of counties spending over 10% of the county's general revenue levy and receiving reimbursement from the state matching fund.

Purpose/Importance: This measure reports the actual number of counties spending over 10% of the county's general revenue levy and receiving reimbursement from the state matching fund.

Source/Collection of Data: Data are derived from reports submitted by counties required to provide a County Indigent Health Care (CIHC) program. County reported data. (CIHC Form 105).

Method of Calculation: The data received from counties in the current year are adjusted to an annual figure by dividing the amount reported as spent by the number of reports received for each county. This figure is multiplied by twelve to represent the current year's spending by county. The annual current year's activity is allowed to increase five percent for additional program activity and to facilitate general revenue levy adjustments by counties.

Data Limitations: When the calculations are complete by county for the required years, the list is manually checked against historical data and a judgment is made as to the likelihood of a specific county spending more than its ten percent cap. When the judgments are completed, the number of counties expected to spend over ten percent is totaled.

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 01 OP 01

Strategy: 05-02-02 Regionalized Emergency Health Care Systems

Output: 01 Number Of Emergency Health Care Providers (EMS Firms, Hospitals, RACs) Assisted through EMS/Trauma System Funding Programs

Short Definition: This measure tracks emergency health care providers who are provided funding through one or more of the EMS/trauma systems development funding programs.

Purpose/Importance: This measure is an indicator of how well the department handles the distribution of funds intended for emergency health care systems development.

Source/Collection of Data: Bureau of Emergency Management database of contractors and files.

Method of Calculation: The number is determined by counting the providers who are funded. Data is obtained from contract files.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: None

Output: 02 Number of Designated Trauma Facilities by Level

Short Definition: This measure is defined as the number of hospitals designated as trauma facilities. Levels designate trauma facilities. Each trauma facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

Purpose/Importance: This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate trauma facilities. This measure provides a way to track those resources.

Source/Collection of Data: Bureau of Emergency Management database of designated trauma facilities and trauma designation files.

Method of Calculation: The number is determined by adding the number of designated trauma facilities at each level and then summing those.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference: None

Output: 03 Number Of Active Regional Emergency Health Care Systems

Short Definition: Active regional emergency health care systems are those systems that have a high level of participation by trauma care providers in the trauma service area, have implemented a regional systems plan, and have a functioning system performance improvement process. Funding may not be available to those entities not participating.

Purpose/Importance: This measure is intended to track the level participation in regional systems. Participation in regional systems is essential for continued improvements in overall quality and availability of emergency health care to citizens of and visitors to Texas.

Source/Collection of Data: Bureau of Emergency Management regional advisory council files.

Method of Calculation: The number is determined by counting the active regional emergency health care systems.

Data Limitations: None

Calculation Method: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: None

Strategy: 05-02-03 Coordinated Care from TDH Hospitals

Efficiency: 01 Average length of stay, Texas Center for Infectious Disease

Short Definition: The average length of stay is derived through determining the total number of days stay of all discharged patients during the reporting period, and dividing that number by the total number of discharges.

Purpose/Importance: Measures the average length of stay at Texas Center for Infectious Disease.

Source/Collection of data: Daily logs and reports.

Method of Calculation: The average length of stay is derived through determining the total number of days stay of all discharged patients during the reporting period, and dividing that number by the total number of discharges.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 EF 01

Efficiency: 02 Average length of stay, South Texas Hospital

Short Definition: The average length of stay is derived through determining the total number of days stay of all discharged patients during the reporting period, and dividing that number by the total number of discharges.

Purpose/Importance: Measures the average length of stay at the South Texas Hospital.

Source/Collection of Data: The sources of data are the reports provided by the contracting hospital(s).

Method of Calculation: The average length of stay is derived through determining the total number of days stay of all discharged patients during the reporting period, and dividing that number by the total number of discharges.

Data Limitations: None

Calculation Type: Non-cumulative

New Measures: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 EF 02

Efficiency: 03 Average cost per patient day, Texas Center for Infectious Disease

Short Definition: Calculated monthly, this measure reflects the total operating cost per day of inpatient care provided.

Purpose/Importance: Measures the average cost per patient day at the Texas Center for Infectious Disease.

Source/Collection of Data: Monthly accounting reports, medical records system, and billing system.

Method of Calculation: It is calculated by dividing the total expenses for inpatient services for a given period by the total number of patient days for the same period.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 EF 03

Efficiency: 04 Average cost per patient day, South Texas Hospital

Short Definition: Calculated monthly, this measure reflects the total operating cost per day of inpatient care provided.

Purpose/Importance: Measures the average cost per patient day at the South Texas Hospital.

Source/Collection of Data: Monthly accounting reports, medical records system, and billing system.

Method of Calculation: It is calculated by dividing the total expenses for inpatient services for a given period by the total number of patient days for the same period.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 EF 04

Efficiency: 05 Average cost per outpatient visit, Texas Center for Infectious Disease

Short Definition: Calculated monthly, this measure reflects the total direct operating cost per patient visit.

Purpose/Importance: Measures the average cost per outpatient visit at the Texas Center for Infectious Disease.

Source/Collection of Data: Monthly accounting reports and medical records.

Method of Calculation: It is calculated by dividing the total expenses for outpatient services by the total number of outpatient visits.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 EF 05

Efficiency: 06 Average cost per outpatient visit, South Texas Hospital

Short Definition: Calculated monthly, this measure reflects the total direct operating cost per patient visit.

Purpose/Importance: Measures the average cost per outpatient visit at the South Texas Hospital.

Source/Collection of Data: Monthly accounting reports and medical records.

Method of Calculation: It is calculated by dividing the total expenses for outpatient services by the total number of outpatient visits.

Data Limitations: None

Calculation Type: Non-cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 EF 06

Output: 01 Number of inpatient days, Texas Center for Infectious Disease

Short Definition: The number of days of care charged for inpatient hospital services. A day begins at midnight and ends 24 hours later. A part of a day, including the day of admission, counts as a full day. If both admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one inpatient day.

Purpose/Importance: Measures the number of inpatient days at the Texas Center for Infectious Disease.

Source/Collection of Data: Daily census

Method of Calculation: The daily census for each day totals the number of patient days which is the sum total of patient days for the month.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 OP 01

Output: 02 Number of inpatient days, South Texas Hospital

Short Definition: The number of days of care charged for inpatient hospital services. A day begins at midnight and ends 24 hours later. A part of a day, including the day of admission, counts as a full day. If both admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one inpatient day.

Purpose/Importance: Measures the number of inpatient days at the South Texas Hospital.

Source/Collection of Data: The data sources are the reports from the contracting hospital(s).

Method of Calculation: The daily census for each day totals the number of patient days which is the sum total of patient days for each month.

Data Limitations: None

Method of Calculation: Cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 OP 02

Output: 03 Number of outpatient visits, Texas Center for Infectious Disease

Short Definition: An outpatient clinic visit is one in which a scheduled or unscheduled individual who is not an inpatient of the hospital is registered to receive non-emergency services. Each registration at the outpatient clinic is considered one outpatient visit. Services can include: 1) those provided by a member of the active medical staff or by a consultant who is paid from hospital funds, or 2) those which do not require a physician but which involve diagnosis and treatment, necessitating use of the administrative services of the outpatient clinic.

Purpose/Importance: Measures the number of outpatient visits to the Texas Center for Infectious Disease.

Source/Collection of Data: Daily log.

Method of Calculation: Total number of outpatient visits.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Lower than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 OP 03

Output: 04 Number of outpatient visits, South Texas Hospital

Short Definition: An outpatient clinic visit is one in which a scheduled or unscheduled individual who is not an inpatient of the hospital is registered to receive non-emergency services. Each registration at the outpatient clinic is considered one outpatient visit. Services can include: 1) those provided by a member of the active medical staff or by a consultant who is paid from hospital funds, or 2) those which do not require a physician but which involve diagnosis and treatment, necessitating use of the administrative services of the outpatient clinic.

Purpose/Importance: Measures the number of outpatient visits to the South Texas Hospital.

Source/Collection of Data: Daily log.

Method of Calculation: Total number of outpatient visits.

Data Limitations: None

Calculation Type: Cumulative

New Measure: No

Desired Performance: Higher than target

Cross Reference to Prior Biennium: AGY 501 076 - R 05 - 02 - 03 OP 04

Strategy: 05-02-04 Coordinate Essential Public Health Services

Output: 01 Number Of Local Health Departments Submitting Annual Community Health Improvement Plans To Texas Department Of Health Regional Directors

Short Definition: This measure captures the number of local health departments that submit Community Health Improvement Plans to the Texas Department of Health.

Purpose/Importance: This measure captures the number of local health departments that submit Community Health Improvement Plans to the Texas Department of Health.

Source/Collection of Data: The data source is the regional record file containing submitted plans. Local health departments perform a self-assessment of their community's public health system using the National Public Health Performance Standards developed by the Centers for Disease Control and Prevention in cooperation with Texas public health officials. Plans are submitted as deliverables at the end of each contract year. Local health departments submit plans to Texas Department of Health regional offices.

Method of Calculation: The total number of plans submitted each fiscal year is manually tallied.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: None

Strategy: 05-02-05 Renovations And Construction Of TDH Hospitals

Explanatory: 01 Percentage Of Appropriated Funds Expended For Renovation And Construction Of TDH Hospitals

Short Definition: This measure indicates the percentage of funds expended for renovation and construction at TDH hospitals, Texas Center for Infectious Disease in San Antonio and South Texas Hospital in Harlingen.

Purpose/Importance: This new performance measure is needed to provide accountability for the expenditure of funds appropriated under Article XII, House Bill 1, General Appropriations Act, 76th Legislature, for renovation and construction related to the two TDH hospitals. Renovations are needed at both facilities to maintain their accreditation under the Joint Commission for Accreditation of Health Care Organizations and to comply with the requirements of the federal Americans with Disabilities Act.

Source/Collection of Data: The data source is the funding and expenditure tracking system of the Budget Division, TDH Bureau of Financial Services.

Method of Calculation: The calculation of the percentage is based on the dollars spent by TDH for renovation and/or construction related to the hospitals during each state fiscal year of the biennium, divided by the total dollar available for expenditure during that fiscal year.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: None

Strategy: 05-02-06 Indigent Health Reimbursement

Explanatory: 01

Performance measures under development as of May 24, 2000.

Strategy: 05-02-07 Small Urban Hospital Capital Improvements

Explanatory: 01 Number Of Contracts Annually Awarded To Small Urban Community Hospitals For Making Capital Improvements

Short Definition: TDH biennially issues a request for proposal (RFP) soliciting eligible hospitals to apply for funding. The responses to the RFP are scored by a review panel and applicants are selected to receive a capital improvement grant. TDH negotiates with the successful applicants and develops and executes a contract before the end of the first year of the biennium. All data regarding the contracting process are entered in TDH's Contract Development System.

Purpose/Importance: This program was created in 1999 by the 76th Texas Legislature (HB 1676). The legislature determined that a portion of funds received by the State of Texas from the recent tobacco legislation should be appropriated as a dedicated account for the Community Hospital Capital Improvement Fund. This account was appropriated \$25 million. The interest from the fund is available to TDH to provide grants to public or private nonprofit community hospitals with 125 beds or fewer located in an urban area of the state. The legal authority is Government Code, Section 403.1066, relating to the Community Hospital Capital Improvement Fund.

Source/Collection of Data: TDH's Contract Development System.

Method of Calculation: The number of calculated by adding the total number of contracts awarded during the state fiscal year.

Data Limitations: Grants generally issued only during the first year of a biennium.

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

Cross Reference to Prior Biennium: None

Strategy: 05-02-08 Rural Health Facility Capital Improvements

Explanatory: 01 Number of low interest loans and/or grants awarded

Short Definition: This measure captures the number of low interest loans and/or grants awarded by the Center for Rural Health Initiatives (CRHI) to public and non-profit rural health facilities. Loans and grants are awarded through a request for application process based upon criteria outlined in the enabling legislation. The number of grants and loans available will be determined by the amount of funds available determined by the Comptroller's Office.

Purpose/Importance: This measure's intent is to show the implementation of the legislatively mandated program authorized by the Center for Rural Health Initiatives by House Bill 1676 from the 76th Legislative Session. The measure is important to demonstrate successful implementation of this program.

Source/Collection of Data: The data, which are manually collected, comes from the number of award made by the CRHI staff in accordance with published rules. Title 25. Health Services, Part V. Center for Rural Health Initiatives, Chapter 500. Executive Committee for the Center for Rural Health Initiatives, Subchapter G. Permanent Fund for Rural Health Facility Capital Improvements, Rural Health Facility Capital Improvement Loan Fund.

Method of Calculation: . Summing the grants and loans awarded for each quarter of the state fiscal year provides the total number.

Data Limitations: None

Calculation Type: Cumulative

New Measure: Yes

Desired Performance: Higher than target

CROSS REFERENCE: None